



Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction	Code	NPDES	yr / mo / dy	Inspection Type	Inspector	FacType																						
1	N	2	5	3	T	N	0	0	7	8	9	6	7	11	12	1	2	0	5	1	8	17	18	C	19	S	20	1
Remarks																												
21																												
Inspection Work Days																												
Facility Self-Monitoring Evaluation Rating																												
67																												
69																												
70																												
3																												
71																												
72																												
73																												
74																												
75																												

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Centerville Water Treatment Plant 769 Hwy 50 East Centerville, TN 37033	Entry Time / Date 9:30/5/9/2012	Permit Effective Date 8/24/2010
	Exit Time / Date 10:30/5/9/2012	Permit Expiration Date 6/30/2015
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Wayne Carroll operator 931-729-3543	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Name, Address of Responsible Official / Title / Phone and Fax Number Same as above		
Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-monitoring Program	<input type="checkbox"/> Pretreatment Program	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records / Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operation & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Sludge Handling / Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	See attached letter.
Name (s) and Signature(s) of Inspector(s) Gary Horne ES-3	
Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Columbia Environmental Field Office 931 490 3940 / 931 380-3397 (FAX)	
Date 5/18/12	
Signature of Management Q A Reviewer Ryan Owens EFOM	
Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Columbia Environmental Field Office 931 490 3941 / 931 380-3397 (FAX)	
Date 5/18/12	